

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049,428

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2			Canceled			
3			1			
4			1			
5			Canceled			
6			1			
7			1			
8			1			
9			1			
10			11			
11			11			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			2			
22			2			
23			2			
24			2			
25			Canceled			
26						
27						
28						
29						
30						
31						
32						
33			Canceled			
34			1			
35			1			
36			1			
37			1			
38			2			
39			2			
40			2			
41			2			
42			2			
43			Canceled			
44						
45			Canceled			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			9			
TOTAL DEP.			36			
TOTAL CLAIMS			45			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51			Canceled					
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831